

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">10/599,558</div>	FILING DATE <div style="font-size: 1.2em;">10-2-06</div>		
CLAIMS							APPLICANT(S)			
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1		1							
2		1		1						
3		2		1						
4		1		1						
5		1		1						
6		1		1						
7		1		1						
8		1		1						
9		1		1						
10		1		1						
11		1		1						
12		1		1						
13		1		1						
14		1		1						
15		1		1						
16		1		1						
17		1		1						
18		1		1						
19		1		1						
20	1		1							
21		1		1						
22		2		1						
23		1		1						
24		1		1						
25		1		1						
26		1		1						
27		1		1						
28		1		1						
29		1		1						
30		1		1						
31		1		1						
32		1		1						
33		1		1						
34		1		1						
35		1		1						
36		1		1						
37	1		1							
38		1		1						
39		2		1						
40		1		1						
41		1		1						
42		1		1						
43		1		1						
44		1		1						
45		1		1						
46		1		1						
47		1		1						
48		1		1						
49		1		1						
50		1		1						
TOTAL IND.		↓		↓		↓				
TOTAL DEP.		←		←		←				
TOTAL CLAIMS										
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
51		1		1						
52		1		1						
53		1		1						
54		1		1						
55		1		1						
56		1		1						
57		1		1						
58		1		1						
59		1		1						
60	1			1						
61		1	1							
62		2		1						
63		1		1						
64		1		1						
65		1		1						
66		1		1						
67		1		1						
68		1		1						
69		1		1						
70		1		1						
71		1		1						
72		1		1						
73		1		1						
74		1		1						
75		1		1						
76		1		1						
77	1			1						
78	1			1						
79	1			1						
80	1			1						
81										
82										
83										
84										
85										
86										
87										
88										
89										
90										
91										
92										
93										
94										
95										
96										
97										
98										
99										
100										
TOTAL IND.		↓	4	↓		↓				
TOTAL DEP.		←	13	←		←				
TOTAL CLAIMS			77							